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T-609 P.001 F-105

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PATENT, TRADEMARK
AND COPYRIGHT LAW
FACSIMILE: (703) 684-1157

AUG 03 2005

Date: August 3, 2005

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner D. LEE
Group Art Unit 2876, USPTO

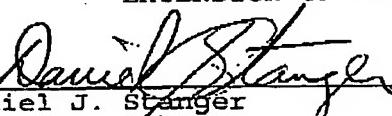
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/673,451
Attorney Docket No.: ASA-1005-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
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PETITION FOR THREE-MONTH EXTENSION OF TIME; AND
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Daniel J. Stanger

Reg. No. 32,846

August 3, 2005

Date

Total Number of Pages (including cover sheet): 14

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FORM PTO-1083

PATENT

Case Docket No. ASA-1005-02

**RECEIVED
CENTRAL FAX CENTER**

In RE application of C. OKAMOTO et al
Serial No.: 10/673,451

Group Art Unit: 2876

AUG 03 2005

Filed: September 30, 2003

Examiner: D. Lee

For: METHOD OF CHECKING AUTHENTICITY OF SHEET WITH BUILT-IN
ELECTRONIC CIRCUIT CHIP

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total • 6 Minus -- 20 = 0		
<input type="checkbox"/> First Presentation of Multiple Dependent Claims		

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

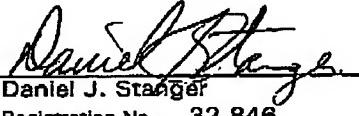
OR

- If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- If the 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- A check in the amount of \$ 1,150.00 is attached in payment of:
CREDIT CARD FORM FOR 3M EXT OF TIME & TERM DIS FEE .
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.
- Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:


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Date: August 3, 2005